- Esquivel-Upshaw JF, Anusavice KJ, Young H, Jones J, Gibbs C. Clinical performance of a lithia disilicate-based core ceramic for three-unit posterior FPDs. Int J Prosthodont 2004;17:469–475.
- Taskonak B, Sertgoz A. Two-year clinical evaluation of lithia-disilicate-based all-ceramic crowns and fixed partial dentures. Dent Mater 2006;22:1008–1013.
- Marguardt P, Strub JR. Survival rates of IPS Empress 2 all-ceramic crowns and fixed partial dentures: Results of a 5-year prospective clinical study. Quintessence Int 2006;37:253–259.
- Gross V, Swain MV. Mechanical properties and microstructure of sintered and hot isotatically pressed yttria-partially-stabilised zirconia (Y-PSZ). J Aust Ceram Soc 1986;22;1–12.
- Swain MV, Hannink RHJ. Metastability of the martensitic transformation in a 12 mol% ceria-zirconia. J Am Ceram Soc 1989;72:1358-1364.
- Kim DJ. Influence of aging environment on low-temperature degradation of tetragonal zirconia alloys. J Eur Ceram Soc 1997;17:897–903.
- Chu FC, Frankel N, Smales RJ. Surface roughness and flexural strength of self-glazed, polished and reglazed In-Ceram/Vitadur alpha porcelain laminates. Int J Prosthodont 2000;13:67–71.

Literature Abstract

Treatment history of teeth in relation to the longevity of the teeth and their restorations: Outcomes of teeth treated and maintained for 15 years

This study evaluated a tooth's treatment history and the longevity of its restoration and compared and contrasted the survival of teeth with and without restorations, including the survival of teeth with extensive restorations. Data were collected for 3,071 teeth from 148 fully compliant patients from 1 private practice. Follow-up times ranged from 15 to 23 years (mean: 19.2 years). Patients had to meet defined criteria to be enrolled in the study. Treatments were categorized as follows: unrestored, surface restoration (1, 2, 3, or 4+), complete crown, abutment for FPD, abutment for RPD, and root canal treatment. Failure modes were as follows: restorative failure, extraction, and any failure (restorative failure or extraction). Caries risk assessment was also performed for all patients. Multivariate survival analysis was used for data analysis ($\alpha = .05$). The results showed that unrestored teeth had the best overall survival when compared with restored teeth. Teeth with 3 to 5 surface restorations were 4 times more likely to fail than unrestored teeth. Complete crowns and abutments for FPDs had fewer restorative failures compared to teeth with complex multisurface restorations. RPD abutments experienced the highest failure rate compared with restored teeth. It was demonstrated that failed teeth had a greater *S mutans* level, greater *Lactobacillus* level, higher dietary frequency per day, and lower salivary buffer capacity. The results support the need for full-crown coverage to improve the prognosis of teeth restored with multisurface restorations.

Miyamoto T, Morgano SM, Kumagai T, Jones JA, Nunn ME. *J Prosthet Dent* 2007;97:150–156. References: 25. Reprints: Dr Martha E. Nunn, Boston University School of Dental Medicine, Department of Health Policy and Health Service Research, 650 Harrison Ave, Boston, MA 02118. Fax: 617 414 1061—*Majd Al Mardini, Hamilton, Canada* Copyright of International Journal of Prosthodontics is the property of Quintessence Publishing Company Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.